	PATENT	APPLICATION Effect	DEE C	DETERN ber 1, 2	MINAT	ION RECO	RD		09/	76	228	33	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					d	4		RATE	FEE	7	RATE	FEE	
FC	OR	NUMBER FILED		NUMBER EXTRA			BASIC FE		UR	BASIC FEE			
TO	OTAL CHARGE	3 minus 20=		•			XS 9=		OR	X\$18=			
INI	DEPENDENT C	7 minus 3 =		- 44			X40=	 	1	X80=	100		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					A40=	 	OR	V00=	120	
• "	the difference							+135=		OR	+270=		
11	tue amerence	e in column 1 is	ess than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	1120		
	10/4/0F	(Column 1)	MENDE	(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	9/28/07	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ~	15	Minus	20	<u> </u>	= Ø		X\$ 9=		OR	X\$18=		
	Independent	1.6	Minus		<u> </u>	= 0		X40=		OR	X80=	X	
	FIRST PRESE	ENTATION OF M	JETIPLE DE	PENDENT	CLAIM	لــــــــــــــــــــــــــــــــــــــ	ı	+135=		OR	+270=	1	
							L	TOTAL			TOTAL	/	
		(Column 1)		(Colum	nn 2)	(Column 3)	A	DOIT. FEE		JO., <i>j</i>	NDDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	74.77 ·	HIGHI NUME PREVIO PAID F	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	1.5.6.	
	Independent	•	Minus	•••		=	ŀ	X40=			X80=	· ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
						•	L	+135=		OR	+270=		
								TOTAL DOIT. FEE		OR,	TOTAL ADDIT, FEE		
_	·	(Column 1)	E CAS WITA	(Colum		(Column 3)			***				
NON	The transfer of the same of th	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=	┢	V2.0	FEE		V640	FEE	
	Independent	•	Minus	•••		=	-	X\$ 9=		OR	X\$18=		
4	FIRST PRESE	PENDENT	CLAIM		L	X40=		OR	X80=				
										OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT, FEE		
T	he Highest Num	mber Previously Pai ber Previously Pai	io For (Total o	S SPACE is Independe	ness than	n 3, enter "3." highest number			ropriate box				

FORM PTO-875 (Rev. 8/00)

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